

Patent Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: CD

Computer Readable

Form (CRF)?:: No

Number of copies of CRF::

Title:: BINAURAL ADAPTIVE HEARING AID

Attorney Docket Number:: 3244-83

Request for Early

Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: Yes

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Simon

Middle Name::

Family Name:: Haykin

Name Suffix::

City of Residence:: Ancaster

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 475 Ontario Street

City of mailing address:: Ancaster

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of
mailing address:: L9G 3N6

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Sue

Middle Name::

Family Name:: Becker

Name Suffix::

City of Residence:: Toronto

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 36 Walford Road

City of mailing address:: Toronto

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of
mailing address:: M8X 2P3

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Australia

Status:: Full Capacity

Given Name:: Ian

Middle Name::

Family Name:: Bruce

Name Suffix::

City of Residence:: Hamilton

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 1211 King St. W.

City of mailing address:: Hamilton

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: L8S 1M3

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Jeff

Middle Name::

Family Name:: Bondy

Name Suffix::

City of Residence:: Hamilton

State or Prov. Of
Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 1928 Main Street West #713
City of mailing address:: Hamilton
State or Province of
mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of
mailing address:: L8S 1J4

Inventor Authority Type:: Inventor

Primary Citizenship
Country:: Canada
Status:: Full Capacity

Given Name:: Laurel
Middle Name::
Family Name:: Trainor
Name Suffix::
City of Residence:: Hamilton
State or Prov. Of
Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 106 Dromore Cresc
City of mailing address:: Hamilton
State or Province of
mailing address:: Ontario
Country of mailing address:: Canada

Postal or Zip Code of
mailing address:: L8S 4B2

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada/U.S.A.

Status:: Full Capacity

Given Name:: Ronald

Middle Name:: Jay

Family Name:: Racine

Name Suffix::

City of Residence:: Dundas

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 20 Green Meadow Way

City of mailing address:: Dundas

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: L9H 3Z3

Correspondence Information

Correspondence Customer

Number:: 001059

Phone Number:: (416)364-7311

Fax Number:: (416) 361-1398

E-Mail Address:: brandhawa@bereskinparr.com

Representative Information

Representative	
Customer Number::	001059

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/504,961	09/23/03

Foreign Priority Applications

Country::	Application Number::	Filing Date::	Priority Claimed

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of
mailing address::

Country of mailing address::

Postal or Zip Code of
mailing address::